FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000010071 (6)

HARD CHROME ENGINEERING, INC.

Principal Place of Business		Mailing Address				T TO BE LIEU VIOLENTE DE CALLE			
10155 ROCKET COURT ORLANDO FL 32824		10155 ROCKET COURT ORLANDO FL 32824-8569							
						3. Date Incorporated or Qualified 02/08/1994		te of Last 06/1996	
Principal Place of Business The Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-3225745	Applied For Not Applicable			
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & SI 23	State	City & State	28			Election Campaign Financing Trust Fund Contribution	scing \$5.00 May Be Added to Fees		
Zip 24	Country 25	Z10 29	30 Cot	intry		8. This corporation has liability for in Florida Statutes	ntangible Yes		s. 199.032,
	Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	istered /	Agent	
RE	READ JR., GEORGE B.				Name				
10155 ROCKET COURT ORLANDO FL 32624				82	Street Add	Iress (P.O. Box Number is Not Acceptable	(e)		
				83					
				84	City		FL	85 Zij	p Code
 office of 	or registered agent, or both, in the State I am familiar with, and accept the oblig	e of Florida. Such change wa jations of, Section 607.0505.	as authorize Florida Sta	id by tutes	the corpora s.	poration submits this statement for the pi ition's board of directors. I hereby accep ired when reinstaing)	t the app	ointment a	is registered
12.		OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	DRS IN 12
TOLE	PVD	DELETE	1.1 7	ITLE				Change	Additio
NAME	READ, GEORGE B JR		1.2 N	AME					
STREET ADDRES	ss 10155 ROCKET COURT		1.3 S	TREET	ADDRESS				
GITY-\$1-ZIP	ORLANDO FL 32824		1.4 0	ITY-S	T-ZIP	•			
TITLE	STD	☐ DELETE	2.1 7	ITLE				☐ Change	Additio
NAME	READ, MARIE MADGA B		2.2 N	AME					
STREET ADDRES	ss 10155 ROCKET COURT		2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32824		2.40	OTY-S	ST-ZIP				
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NAME			3.2 N	AME					
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NAME			4.21	NAME					
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CITY - \$T - ZIF				try-S					
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NAME			6.2 N					•	
STREET ADDRES	ss		•		ADDRESS				
OTHER BUILDING	···· 1			- I III L					

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the

FILED

Feb 13 1997 8:00am

Secretary of State